



# The Hospital for Sick Children

67 COLLEGE STREET, TORONTO



## RULES

AND

## REGULATIONS

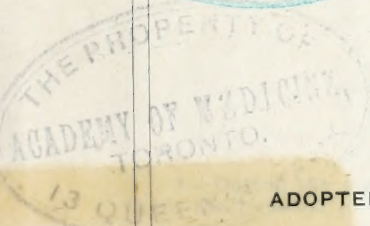
FOR THE

## HOUSE STAFF



ADOPTED BY THE BOARD OF TRUSTEES  
1923.

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GERSTEIN





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# The Hospital for Sick Children

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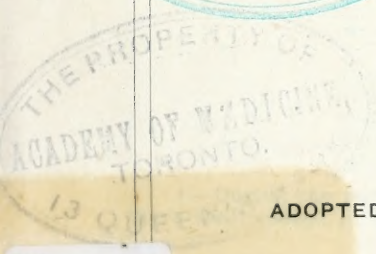
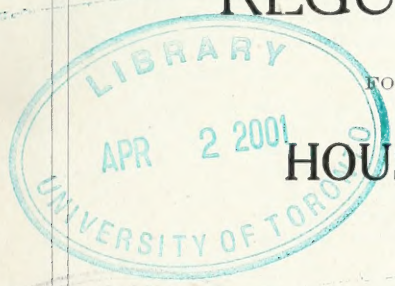
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# RULES

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OF THE

### Hospital for Sick Children House Staff

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#### SECTION 1—HOUSE STAFF.

1—Applications for appointments will be received until the last week in March from graduates of any qualified medical school, or from those who expect to graduate at the spring examinations of the year of application. Applications must be made in writing to the Superintendent of the Hospital.

2—Appointments shall be made in April annually, by the Board of Trustees, on nomination by the Advisory Board. Each appointee on entering the Hospital will be required to sign an agreement to the effect that he or she will give his or her whole attention to the work of the Hospital, from the date of his or her appointment.

3—The staff shall consist of:—

(a) Department of Surgery—

Resident Surgeon.  
Senior Interne.  
Out-Patient Department Interne.  
Nose and Throat Interne.  
Junior Interne.  
Interne in Pathology.

(b) Department of Medicine—

Resident Physician.  
First Assistant Infant Ward.  
First Assistant Medical Ward.  
Second Assistant Infant Ward.  
Second Assistant Medical Ward.  
Interne in Pathology.  
Interne in Infectious Diseases—6 months.

4—During the period in which the Lakeside Home is open, the staff there shall consist of an Interne in Surgery and an Interne in Medicine.

#### SECTION 2—DISCIPLINE.

1—In matters concerning hospital conduct, observance of household rules, etc., the House Staff shall be directly responsible to the Superintendent through the Resident Surgeon or Resident Physician.

2—In matters concerning the treatment of patients, the House Staff shall be responsible through the Resident Surgeon or Resident Physician to the Visiting Surgeons or Visiting Physicians.

3—In cases, however, where the action, or lack of action, of the House Staff is, in the opinion of the Superintendent, detrimental to the interests of the Hospital, the Superintendent may take action, and, if necessary, bring the matter to the attention of the Advisory Board.

4—For all the work and routine of the Hospital, the House Staff is responsible to the Resident Surgeon or Resident Physician.

### SECTION 3—HOURS OF DUTY.

1—Members of the House Staff are expected to go on duty at 8.30 each morning, the day being commenced by ward rounds with the head nurse at that hour. Their other duties shall be ward and laboratory work, clinics and operations. Evening rounds shall be made between 7 and 8 o'clock, and in the event of an interne being unable to do this, he or she must arrange with his or her relief to carry out his or her duties.

2—A member of the House Staff may only absent himself or herself with the permission of the Resident Surgeon or Resident Physician, and after duly advising the Superintendent of the permission.

3—Breakfast hour for the House Staff shall be 8 a.m. No breakfast shall be served after 8.45 a.m., except by special permission from the Superintendent of the Hospital. For the sake of the internal economy of the Hospital, it is essential that the hours of luncheon and dinner be observed. The House Staff are asked to co-operate on this point.

4—Outside of the regular hours of duty, two members from each of the surgical and medical services must be in the Hospital at all times.

5—The Resident Surgeon and Resident Physician are free to go out of the Hospital when they wish, but a substitute must be provided from the two next senior internes on the service. The other internes must have permission from the Resident Surgeon or the Resident Physician before leaving the Hospital. Provision must be made that the hours out of the Hospital shall be equally distributed among the House Staff. No member of the House Staff may be absent from the Hospital over night without the permission of the Resident Surgeon or Resident Physician.

6—Members of the House Staff shall register when leaving and when returning to the hospital.

### SECTION 4—HOLIDAYS AND LEAVE OF ABSENCE.

1—During his or her service each member of the staff is entitled to two weeks' holidays. No two internes from the same service may be on leave at the same time. A substitute suitable to the authorities must be provided by the interne for the time of his or her absence.

2—To obtain permission for holidays, or leave of absence, all applications must be recommended by the applicant's Resident Physician or Surgeon, as the case may be, and approved by the Superintendent of the Hospital.

3—Each interne, on the approval of the Resident Surgeon or Physician, as the case may be, and of the Chief of Service of which such interne is a member, may have one week-end leave every two months. A week-end shall be defined as a period from Saturday noon to Monday morning.



## SECTION 5—ADMINISTRATION.

1—Each member of the House Staff on appointment, and each substitute, shall, before entering upon his or her duties, receive from the Superintendent of the Hospital, a copy of the book of rules governing the House Staff of the Hospital, for which he or she shall be given a receipt. It shall be the duty of each member of the House Staff to promptly familiarize himself or herself thoroughly with the aforesaid rules.

2—Each member of the House Staff, upon his or her appointment and before entering upon his or her duties, shall sign an agreement, to be preserved in the office of the Superintendent of the Hospital, that he or she will obey the rules and remain in the service of the Hospital for the whole period of his or her appointment, unless his or her period of service shall be terminated at an earlier date by the Board of Trustees.

3—Members of the House Staff shall not give to reporters or interviewers any information whatever, or make to them any statement concerning the patients in the Hospital, but shall refer all enquiries for such information to the Superintendent of the Hospital.

4—Members of the House Staff shall not make any incision, or perform any surgical operation, except by the express direction of a member of the Visiting Staff, the Resident Surgeon or Resident Physician (see rules for anaesthetics).

5—No member of the House Staff shall suggest or carry out any treatment for a nurse unless he has been so requested by a member of the Visiting Staff, or by the Superintendent.

6—Apart from the Lakeside Home, where they shall be allowed to answer any calls on the Island, members of the House Staff shall not engage in any other business than that of the Hospital during their term of service, except by the special permission of the Advisory Board and Superintendent of the Hospital. Fees for professional services rendered to non-hospital patients, on the Island, shall conform to the schedule laid down by the Academy of Medicine.

7—Patients applying for admission must be seen by the admitting member of the House Staff **immediately**. If they are unable to admit the patient themselves at once, a substitute must be arranged for.

8—In the event of any patient developing symptoms or signs of a communicable disease, the Interne on the ward shall immediately notify the Resident Physician.

9—No member of the House Staff, except the Resident Surgeon, Resident Physician and the Interne in Communicable Diseases is permitted to visit the Infectious Ward without special permission.

10—All specimens for examination by the Pathological Department must be accompanied by Form 15 (Pathological Laboratory Slip), and be sent to the Laboratory as early in the day as possible.

11—If the condition of a patient becomes serious, the Interne shall immediately instruct the nurse in charge to notify the Superintendent of the Hospital.

12—The Internes shall, when directed by a member of the Visiting Staff, discharge a patient from the Hospital, by writing an order to that effect in the order book, and filling in Form 4 (Notification to Secretary). No patient shall be discharged from the Hospital without the order of a member of the Visiting Staff, except such discharge be at the request of the parent or guardian, who shall sign a written statement assuming all responsibility. Prior to removal of the patient from the Hospital, they shall complete Form 305 (Reference to Out-Patient Department), Form 303

(Notification to Public Health Department) and Form 514 (Notification to Patient's Physician), and instruct the parents in the after-treatment of the case.

13—Parents and friends of patients requesting special privileges for visiting must be referred to the Superintendent's office.

14—All members of the House Staff, in their relations to one another, to all officials of the Hospital, to the nurses, to the patients and to the public, shall observe those proprieties of conduct and courtesies that shall preserve the dignity of the House Staff and the honorable standing of the Hospital. **They shall treat with special courtesy the parents of patients and members of the medical profession who send their patients to the Hospital for consultation or treatment.**

15—If at any time a member of the House Staff wilfully breaks these rules, or shows negligence in their observance, the Advisory Board, on presentation of the complaint from the Superintendent, or Chief of Service concerned, shall institute an investigation and report their findings and recommendation to the Board of Trustees for action.

16—At the end of his service, provided his work has been satisfactory, each retiring Resident and Interne shall receive a diploma signed by the Chairman of the Board of Trustees, the Chief of Service, the Secretary-Treasurer, and the Superintendent of the Hospital, or such other Hospital officials as may be deemed advisable.

## SECTION 6—RESIDENT SURGEON.

1—The duties of the Resident Surgeon shall be to assist the Visiting Surgeons during the time they are in the Hospital, and to assume charge of the Surgical Wards during their absence.

2—He shall represent the Surgical House Staff on such occasions as the Superintendent or the Board of Trustees wish to confer with the House Staff.

3—He shall be responsible to the Superintendent for the conduct of the Surgical House Staff while within the Hospital.

4—He shall see that new Surgical Internes are introduced to the Superintendent of the Hospital, and properly instructed in their duties. He shall see that the rules and instructions laid down for the Surgical House Staff are properly carried out. He may give his consent for leave of absence of any of the Surgical House Staff, only when absence does not interfere with the work of the Hospital.

5—He shall be responsible to the Visiting Surgical Staff and to the Superintendent for the care of all the surgical patients in the Hospital.

6—When a difficulty arises in the admission of any surgical patient to the Hospital, he shall decide the course to be taken by the admitting Interne.

7—In cases of emergency he shall take full charge of the matter pending the arrival of the Visiting Surgeon. If the case is of sufficient gravity, the Visiting Surgeon and Superintendent must be notified at once.

8—He shall be responsible for the execution of all orders for treatment of patients on the Surgical Division. He shall make arrangement for operations and be responsible for the preparation of the patient according to the custom of the Hospital. He shall notify the Chief Anaesthetist on the evening of the day before which the operation is to take place. (See Anaesthetic Rules.)

9—Except in Eye, Ear, Nose and Throat operations (see section 7, paragraph 3), he shall act as first assistant to the operator, except in those



cases which the surgeon may assign to him to do himself, and except in private and in semi-private cases, unless the surgeon directs him to assist.

10—He shall be responsible for all arrangements for any operation in the Operating Room. This also applies to other services which shall make arrangements through him. He shall arrange for a Visiting Anaesthetist to be present at the operation.

11—He shall make rounds of all the surgical wards at 8.30 a.m. and 7 p.m. At 9 a.m. he shall be ready to assist with clinics and operations.

12—He shall make long rounds with the Visiting Surgeons at those hours set down by the Surgeon-in-Chief.

13—He shall be responsible for the arrangement of clinical material for clinics.

14—He shall be responsible that a physical examination is made and recorded on all surgical cases within 24 hours of admission. He shall be responsible for the accuracy of the histories, the progress notes, the operation notes, X-ray and photographic records, clinical laboratory examinations and the record of the condition of the patient on discharge.

15—He shall be responsible that the following types of accident cases are reported to the office of the Chief of Police, at the time of admission:

- (a) Motor car accidents;
- (b) Accidents in which there is a suspicion of foul play.

16—In the event of the death of a child from injuries sustained under unusual or suspicious circumstances, or under circumstances which appear to implicate another individual, he shall report the death to the Chief Coroner.

17—When written consent for an autopsy has been obtained from a parent or guardian, he shall notify the pathologist and arrange with him a suitable time for its performance. He shall notify the Visiting Surgeons interested in the case. In addition, he shall notify the doctor who referred the patient to the Hospital.

#### SECTION 7—SENIOR SURGICAL INTERNE.

1—He or she shall have charge, under the Resident Surgeon, of the Boys' Surgical Ward.

2—His or her duties on this ward shall consist of:

- (a) Admission of all patients to this ward;
- (b) Physical examination of all patients on admission to this ward;
- (c) The maintenance of the histories as accurate records of the physical examination, progress and treatment;
- (d) The supervision of treatment and dressings;
- (e) The making of rounds with the Surgeon in charge of the ward.

3—He or she shall act as first assistant at operations, when directed so to do.

4—He or she shall be responsible to the Resident Surgeon for these, and such other duties as may be allotted to him.

#### SECTION 8—SURGICAL INTERNE IN OUT-PATIENT DEPARTMENT.

1—He or she shall act as assistant in the Surgical Out-Patient Department Clinic daily at 9 a.m. He or she shall carry out the instructions of the clinicians, and do any work that may be assigned to him, or her. He or she shall have charge of Out-Patient Department dressings.

2—He or she shall attend all cases requiring surgical attention in the Out-Patient Department, outside the hours of clinics. If any difficulty arises, he or she shall consult the Resident Surgeon, who shall decide the course to be taken.

3—He or she shall be available for the administration of anaesthetics for nose and throat operations in the Out-Patient Department. He or she shall give these under the direction of the Staff Anaesthetist.

#### SECTION 9—JUNIOR INTERNE.

1—He or she shall have charge of the Baby Surgical Ward and Girls' Surgical Ward.

2—His or her duties on these wards shall consist of:

- (a) The admission of all patients to his or her wards;
- (b) The physical examination of his or her patients on admission;
- (c) The maintenance of histories as accurate records of physical examinations, progress and treatment;
- (d) The supervision of dressings and treatment in his or her wards;
- (e) The making of rounds with the Surgeon in charge of his or her wards.

3—He or she shall be available for the administration of anaesthetics in the Out-Patient Department and in the Operating Room, if necessary.

4—He or she shall be available to act as second assistant in operations upon patients from his or her wards.

5—He or she shall be responsible to the Resident Surgeon for the performance of these and any other duties which may be allotted to him or her.

#### SECTION 10—INTERNE TO THE DEPARTMENT OF LARYNGOLOGY, ETC., AND EYE.

In matters of discipline, administration and leave, he or she shall be responsible to the Resident Surgeon. He or she shall have charge of the wards in which these patients are, and shall be responsible to the Chief of the Service for all cases under that service.

He or she shall be exempted from giving anaesthetics, except in the case of in-door patients on these divisions.

##### Duties—Indoor.

1—To admit all patients.

2—To make a physical examination on admission, and to immediately notify in emergency cases, the Surgeon-in-Charge. If unable to find him, to notify the next in charge, and so on.

3—To make rounds with the Surgeon-in-Charge, and record the special examinations made by him.

4—To maintain the histories as accurate records of the physical examinations, treatment and progress.

5—To be present at all operations, and to obtain immediately after the operation a record of the physical condition and the nature of the operation as described by the Surgeon. This record to be inserted in the history.

6—To supervise ward treatments and dressings.

7—To arrange for all operations and anaesthetics through the proper source.

8—To notify the Surgeon-in-Charge and the Superintendent in the event of any patient becoming seriously ill.

9—To see that cases referred from other services for examination are seen as soon as possible, and that a report is written on the history.

10—To help in arranging material for teaching clinics and to be present at those clinics when given.

11—To see that a proper report of each patient is available for parents on visiting days.

12—To help, if so requested, in any work of investigation that is being carried on, as far as it is compatible with other duties.

13—In the event of an autopsy being granted in writing by a parent or guardian, he or she shall notify the pathologist, and arrange with him a suitable time for its performance. He or she shall notify the Visiting Surgeons interested in the case. In addition, he or she shall notify the doctor who referred the patient to the Hospital.

14—In the event of any case showing signs of a communicable disease, he or she shall immediately notify the proper authorities.

#### **Duties—Out-Patient Department.**

1—He or she shall help in arranging material for teaching clinics, and be present at those clinics.

2—He or she shall attend all other clinics, and assist in any way requested by the Surgeon-in-Charge.

3—He or she shall attend the operations.

4—He or she shall attend to all cases which come at times when there is no clinic in progress.

5—He or she shall see that all dressing cases attend at the proper clinic.

6—He or she shall examine the cases beforehand on operation days, and exclude any which seem in his or her judgment to be unfit for operation. When in doubt, he or she should refer the case to the Surgeon-in-Charge for examination.

7—He or she shall be responsible for the cases after the operation until they leave the Hospital, and shall detain any unfit, from any cause, to proceed. In the event of any case needing further attention, he or she should notify the surgeon who performed the operation.

#### **SECTION 11—RESIDENT PHYSICIAN.**

1—His or her duties shall be to assist the visiting physicians while they are in the Hospital, and to assume charge of the medical wards during their absence.

2—He or she shall be responsible to the Superintendent for the conduct of the Medical House Staff while within the Hospital.

3—He or she shall represent the Medical House Staff on such occasions as the Superintendent or the Board of Trustees wish to confer with the House Staff.

4—His or her appointment shall be for a period of time not less than one year, unless otherwise agreed upon.

5—He or she shall be expected to conduct one research problem during his or her term of office.



6—He or she shall see new Medical Internes are introduced to the Superintendent of the Hospital, and properly instructed in their duties. He or she shall see that the rules and regulations for the Medical House Staff are properly carried out. He or she may give his or her consent for leave of absence to any of the Medical House Staff, only when each leave does not interfere with the work of the Hospital.

7—He or she shall be responsible to the Visiting Medical Staff and to the Superintendent for the care of all medical patients in the Hospital.

8—When a difficulty arises in the admission of any medical patient to the Hospital, he or she shall decide the course to be taken by the Admitting Interne.

9—In all cases of emergency he or she shall take full charge of the matter, pending the arrival of a Visiting Physician. If the case is of sufficient gravity, the Visiting Physician and Superintendent must be notified immediately.

10—He or she shall be responsible for the execution of all orders for treatment of patients on the Medical Service.

11—Ward rounds on the Medical Division shall be made by him or her at 8.30 a.m. and 7 p.m. daily. At 9 a.m. he or she shall be ready to assist with clinics or lectures in the Hospital.

12—He or she shall make ward rounds with the Visiting Physicians at those hours set down by the Physician-in-Chief.

13—He or she shall be responsible for the arrangement of clinical material for clinics.

14—He or she shall be responsible that a physical examination is made on all medical cases within 24 hours of their admission. He or she shall be responsible for the accuracy of histories, progress notes, X-ray and photographic records, clinical laboratory examinations, and the record of patients' condition on discharge from Hospital.

15—He or she shall be responsible for the interviewing of the parents on visiting days.

16—In the event of the death of a patient from injuries sustained under unusual or suspicious circumstances, or under circumstances which appear to implicate another individual, he shall report the death to the Chief Coroner.

17—He or she shall notify a Visiting Physician, or the Infectious Department, immediately of any case developing clinical symptoms or signs of a communicable disease. He or she shall assume all responsibility for disposal of such patient, and the institution of infectious precautions on that ward until seen by a Visiting Physician.

18—When written consent for an autopsy has been obtained from a parent or guardian, he or she shall notify the pathologist, and arrange with him a suitable time for its performance. If that hour is in the afternoon, or on a Sunday, he shall notify the Visiting Staff interested, and he or she shall also communicate this information to the physician (not a member of the Visiting Staff) who referred the patient to the Hospital.

19—He or she shall notify the Physician-in-Chief, each morning, of all seriously ill patients, transfer of patients, new admissions, and the development of infectious diseases in any of the Medical Wards, admissions of Congenital Syphilis to the Hospital.

20—He or she shall be responsible for the notifications of all new

**SECTION 12—FIRST ASSISTANT, INFANT WARD.**

1—He or she shall be in charge of all medical cases eighteen months of age, for their care, and be responsible to the Attending Physicians. He or she shall be responsible to the Resident Physician for his or her whole work and conduct while in the Hospital.

2—He or she shall make rounds daily with the Head Nurse at 8.30 a.m. and between 7 and 8 p.m., and, in the event of his being unable to do so, he must arrange with his or her relief to carry on his or her duties.

3—He or she shall make rounds on the Infant Ward, with the Visiting Physicians of each Medical Division, at hours set aside by the Visiting Physicians.

4—He or she shall receive all directions from the Visiting Physician and see that they are carried out. All orders for treatment must be written and signed by him, or her, and by his or her relief.

5—He or she shall make and record, within 24 hours after admission, a physical examination of each patient admitted to the Infant Ward, with a provisional diagnosis and prognosis. He or she shall record on the history the progress at least bi-weekly, and daily if indicated.

**SECTION 13—SECOND ASSISTANT ON INFANT WARDS.**

1—He or she shall act as assistant in the Out-Patient Department daily at 9.00 a.m., and he or she shall attend all patients requiring medical attention in the Out-Patient Department, outside of clinic hours. He or she shall refer all difficulties to the Resident Physician, who will outline the course to be taken.

2—He or she shall be admitting officer to the Infant Ward. This must be his or her first duty at all times, and he or she must proceed at once to admit a patient when first notified.

3—He or she shall act as assistant on the Infant Wards.

4—He or she shall be responsible to the Resident Physician for any further duties, as the occasion demands.

**SECTION 14—FIRST ASSISTANT, MEDICAL WARDS.**

1—The first assistant shall be in charge of all the Medical cases over 18 months of age, and for their care he or she is responsible to the Visiting Physicians. He shall be responsible to the Resident Physicians for his whole work and conduct while in the Hospital.

2—He or she shall make rounds daily with the Resident Physician at 8.30 a.m., and by himself between 7 and 8 p.m. In the event of his being unable to do so, he must arrange with his relief to carry out his duties.

3—He or she shall make rounds on the Medical Ward with the Visiting Physicians of each Division of the Medical Department, at hours set aside by the Attending Physicians.

4—He or she shall receive all directions from the Visiting Physicians and see that they are carried out. All orders for treatment must be written and signed by him or her, or his or her relief.

5—He or she shall make and record a physical examination of each medical patient, with a provisional diagnosis and prognosis, within 24 hours of admission. He or she shall record progress on the history notes at least bi-weekly, and daily if indicated.

**SECTION 15—SECOND ASSISTANT, MEDICAL WARDS.**

1—He or she shall act as assistant in the Medical Out-Patient Department daily at 9.00 a.m.

2—He or she shall be admitting officer to the Medical Wards. This must be his or her first duty at all times, and he or she must proceed at once to admit a patient when first notified.

3—He or she shall attend the tuberculosis clinics in the Out-Patient Department.

4—He or she shall act as assistant on the Medical Wards.

5—He or she shall be responsible to the Resident Physician for any further duties that may be detailed to him, or her, as the occasion may demand.

#### **SECTION 16—INTERNE, DEPARTMENT OF COMMUNICABLE DISEASES.**

1—He or she shall be responsible to the Resident Physician for the work and conduct in the Hospital.

2—All cases on this service are under his or her direct supervision.

3—He or she shall assume charge of all surgical patients in this department under the supervision of the Visiting Surgeon and Resident Surgeon.

4—He or she must not visit any other wards in the Hospital without first consulting the Visiting Staff or Resident Physician.

5—All cases for admission to the Infectious Department are to be admitted by him, or her.

6—Rules and Regulations quoted under Sections Nos. 1, 2, 3, 4 and 5 shall apply equally to him, or her.

7—Special rules and regulations are necessary for the administration of this Department of the Hospital. Copies of these are provided on his or her ward. He or she must familiarize himself, or herself, thoroughly with them immediately upon assuming charge of this ward.

#### **SECTION 17—INTERNES IN PATHOLOGY.**

1—They shall be responsible to the Director of Pathology for their work in the Laboratory, and to their respective Residents for their conduct while in the Hospital.

2—Only one Interne shall be allowed out of the Hospital during the day, at any one time, and this only with the consent of the Director of Pathology, and after having arranged for a relief to carry out any work which may arise during his absence.

3—One of the two shall be available each evening for any emergency work that may arise.

4—They shall engage in pathological investigation under the direction of the Director of Pathology.

5—Upon commencing work in the Laboratory they shall each receive from the Director of Pathology a copy of special laboratory rules with which they shall become familiar, and which they will be expected to carry out.

#### **SECTION 18—ANAESTHETICS.**

1—Anaesthetics may be administered only by graduates in Medicine.

2—When an anaesthetic is to be administered to a patient who is critically ill, or is known to be a bad surgical or anaesthetic risk, or where the nature of the operation requires special skill on the part of the anaesthetist, the Resident Surgeon, or his representative, must arrange for the Chief Anaesthetist, or Assistant Anaesthetist, to be present.

3—It shall be the duty of the Anaesthetist to supervise the case after the administration, until such time as the Resident Surgeon shall consider such supervision no longer necessary.

4—In cases of emergency, where it is necessary to administer an anaesthetic, one of the Visiting Surgeons, if available, shall direct the administration by any member of the Anaesthetic Staff, or by an Interne, otherwise the administration shall be by such member of the House Staff as the Senior Interne, for the time being, shall direct.











